

**CITY OF CINCINNATI**  
**MINIMUM STANDARDS**  
**EMERGENCY SHELTER AND TRANSITIONAL HOUSING PROGRAMS**  
**(Revised 2002)**

**Section 1: Administrative**

**Yes    No**

- |     |     |   |
|-----|-----|---|
| ___ | ___ | 1. Is the facility operated by a non-profit organization, recognized under Section 501(c)3 of the Internal Revenue Code?  |
| ___ | ___ | 2. Is there a policy manual that includes the organization's purpose(s), goal statement(s) for population served, program description(s), and a non-discrimination or sexual harassment policy? |
| ___ | ___ | 3. Is there a person responsible for coordinating and implementing the policies contained in the policy manual?   |
| ___ | ___ | 4. To assure resident confidentiality, does the organization have space dedicated for securing all documents?   |
| ___ | ___ | 5. Is the organization aware of the Americans with Disabilities Act ?   |
| ___ | ___ | 6. Is the organization developing plans to comply?  |
| ___ | ___ | 7. Does the organization have a written policy for tuberculosis testing of staff and residents?<br><b>(See attached.)</b>   |
| ___ | ___ | 8. Does the organization have a written AIDS policy consistent with the Homeless Coalition?<br><b>(See attached.)</b>   |
| ___ | ___ | 9. Does the organization provide a process for evaluating its services? <b>If so, please submit a copy.</b>   |
| ___ | ___ | 10. Does the agency have a Board of Directors who oversees funds of the program, with at least one resident or former resident participating?   |

**Section 2: Facility**

**Yes    No**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. Is there a facility housekeeping and maintenance plan?  |
| ___ | ___ | 2. Is the facility clean and in good repair?   |
| ___ | ___ | 3. Does the facility have reasonable access to public transportation?  |
| ___ | ___ | 4. Does the facility have, at a minimum, a crib, or bed with linens, or a mat provided for each person?      |
| ___ | ___ | 5. Does the facility have adequate and separate toilet, wash basin, and shower facilities for men and women? |

Yes No

- \_\_\_ \_\_\_ 6. Does the facility have private space to meet with residents?
- \_\_\_ \_\_\_ 7. Does the facility have laundry facilities available to residents or a system available for like service?
- \_\_\_ \_\_\_ 8. Does the organization have a fire safety plan which includes:
- \_\_\_ \_\_\_ a. Posted evacuation plan, **for both ambulatory and non-ambulatory residents**
  - \_\_\_ \_\_\_ b. Fire drills, conducted at least quarterly
  - \_\_\_ \_\_\_ c. Fire detection systems that conform to local building and fire codes
  - \_\_\_ \_\_\_ d. Adequate fire exits
  - \_\_\_ \_\_\_ e. Adequate emergency lighting?
- \_\_\_ \_\_\_ 9. Does the facility have a fire safety plan, including a fire detection system? **(Submit a copy.)**
- \_\_\_ \_\_\_ 10. Does the organization comply with applicable local fire, environmental health, and safety standards and regulations?

### Section 3: Fiscal Management and Record Keeping

Yes No

- \_\_\_ \_\_\_ 1. Is there an accounting system capable of audit or financial review?
- \_\_\_ \_\_\_ 2. Are quarterly financial reports, including at least an income and expense statement, prepared, maintained, and presented to the Board and other funding sources?
- \_\_\_ \_\_\_ 3. If holding or managing residents' funds or valuables, is there a record of accountability for such items?
- \_\_\_ \_\_\_ 4. Records and statistics should be kept, including people sheltered, served, **or turned away**. Records should be compiled on a yearly basis.

### Section 4: Food Service

Yes No

- \_\_\_ \_\_\_ 1. If providing food service, are adequate provisions made for sanitary storage and preparation of food?
- \_\_\_ \_\_\_ 2. If serving infants, young children and pregnant women, are provisions made to meet their daily nutritional requirements?
- \_\_\_ \_\_\_ 3. If not providing food services, is there a system available for like services to residents?
- \_\_\_ \_\_\_ 4. If serving residents with specific medical conditions such as HIV or Diabetes, are provisions made to meet their daily nutritional requirements?

## Section 5: Intake

Yes No

- |     |     |    |   |
|-----|-----|----|---|
| ___ | ___ | 1. | Does the organization have written policies for intake procedures and criteria for admission?   |
| ___ | ___ | 2. | Is there an intake form or attendance list used which includes at least the name, age, race, <b>gender</b> , and income level (head of household, etc.) of all persons residing in the shelter? |
| ___ | ___ | 3. | Is a copy of all house rules, regulations, and disciplinary procedures read to and signed by residents and/or posted in a conspicuous place?  |
| ___ | ___ | 4. | Is there a policy of providing referral aid if a person requesting shelter cannot be served?  |
| ___ | ___ | 5. | <b>Are assessments conducted for every resident?</b>  |

## Section 6: Medical Care

Yes No

- |     |     |    |  |
|-----|-----|----|--|
| ___ | ___ | 1. | Is there a phone available in case of medical emergency? (Medical status shall be determined by life squad personnel or a physician.)                  |
| ___ | ___ | 2. | Are adequate first aid equipment and supplies <b>according to Red Cross guidelines</b> available at all times in case of an emergency? (See attached.) |
| ___ | ___ | 3. | Is at least one staff person on duty certified in emergency first aid procedures?  |
| ___ | ___ | 4. | Is there a written policy regarding the possession and use of controlled substances, prescription medications, and over-the-counter medications?       |
| ___ | ___ | 5. | Are all medications secured properly and kept out of the reach of children?  |

## Section 7: Personnel

Yes No

- |     |     |    |   |
|-----|-----|----|---|
| ___ | ___ | 1. | Is there an organization chart delineating all positions (paid or volunteer)?   |
| ___ | ___ | 2. | Is there a written description for each type of position (paid or volunteer)?   |
| ___ | ___ | 3. | Are there adequately trained personnel on site (paid or volunteer) to meet the needs of residents and ensure the safety of the facility during all hours it is open to residents?   |
| ___ | ___ | 4. | Are there written personnel policies in effect which include, at least: A code of ethics for all personnel ( <b>paid or volunteer</b> ), authorized/unauthorized search of residents' property, confidentiality of a person's physical or mental condition, and records meeting minimum legal requirements? |
| ___ | ___ | 5. | Is staff trained in emergency evacuation procedures?  |

**Yes   No**

- \_\_\_   \_\_\_   6.   Is there a system for selection, training, term or service, and definition of tasks, responsibilities and authorities for paid and volunteer staff?
- \_\_\_   \_\_\_   7.   Are there written policies for the selection of all paid personnel in conformance with EEO guidelines?

**Section 8: Operations**

**Yes   No**

- \_\_\_   \_\_\_   1.   Is a log maintained which documents all unusual activities and instructions requiring the attention of oncoming personnel?
- \_\_\_   \_\_\_   2.   Is there a written plan for resident termination procedures to be implemented by the staff?
- \_\_\_   \_\_\_   3.   Do residents who have a complaint or who have been terminated have access to a grievance process?

## **GREATER CINCINNATI COALITION FOR THE HOMELESS**

1510 Elm Street, Cincinnati, Ohio 45210  
(513) 421-7803

### **PHILOSOPHY**

The Coalition for the Homeless believes that every person has the right to housing without regard to sex, race, age, religious belief, physical challenge or sexual orientation. Persons with AIDS also have this right.

### **AIDS POLICY**

Shelters will admit people who present themselves as homeless whenever a bed is available. People with AIDS will not be an exception.

Ill residents will be provided medical care as expeditiously as possible. Ordinary standards of confidentiality will apply.

The following activities are not considered to put others at risk of becoming infected:

- Sharing household, meals, toilet facilities
- Kissing, hugging, shaking hands, touching
- Contact with books and other articles

Observance of good hygiene practices by all residents can do a great deal to avoid transmission of bacteria and viruses. These practices include:

- Showers instead of tub baths
- Individual towels, washcloths, razors, and toothbrushes
- Keeping showers, sinks, and toilets clean
- Using tissue instead of handkerchiefs
- Good washing practices

Residents may share laundry facilities (washer, dryer) to care for linen and clothing.

Reusable linens that are soiled should be well contained in plastic bags.

Since residents with AIDS are susceptible to many infections, they should not be exposed to staff, other residents or visitors with minor infections (including colds, coughs, flu)

Disposable (depending on the nature) should be handled in one of the following manners:

- Flushed down toilet
- Placed into garbage disposal
- Poured down sink drain
- Placed into sturdy, impermeable plastic bags, securely tied and placed into waste receptacle

Care shall be taken when handling bodily fluids of any kind with all residents. Gloves should be worn when cleaning blood, urine, feces, or vomitus.

Staff should not consider administering mouth to mouth.

Staff will work with homeless persons with AIDS to find appropriate placements when possible. In addition, referrals to local agencies for support and counseling should be made.

Training will be provided for both staff and residents to educate about the AIDS virus and to better serve those affected by the disease.

#### Tuberculosis Plan:

All staff and residents of the program are required to be tested for tuberculosis at least once per year.

Such tests are available free of charge through Hamilton County Tuberculosis Control, 1634 Central Parkway (Phone: 621-1136 or 621-1268), or through the Health Care for the Homeless Van (Phone 352-2909).

In Northern Kentucky, tuberculosis tests are available through the Northern Kentucky Health Department, 401 Park Avenue, Newport (Phone: 491-6611).

Any staff member or resident who tests positive for tuberculosis will be required to follow up with Hamilton County Tuberculosis Control.

# **GREATER CINCINNATI HOMELESS COALITION PLAN**

## **FOR**

### **TUBERCULOSIS EXPOSURE CONTROL PLAN IN SHELTERS**

**January 1996**

#### **RATIONALE:**

Tuberculosis has been recognized as an important health problem among homeless persons and among residents of emergency shelters, single-room occupancy hotels, mass dormitory housing, and boarding houses.

All of us have a stake in TB control because the highest risk behavior for TB is breathing, a necessary activity for all. Shelters and other inexpensive housing are vital to persons who are homeless; however, there is substantial potential for a TB transmission in such facilities especially in the winter when shelters are likely to be more crowded and ventilation from the outside may be reduced.

The increasing incidence of TB and the potential transmission of this disease among residents as well as employees of (name of agency) have prompted us to develop the following policies and procedures as our Tuberculosis Exposure Control Plan a recommendation of OSHA and CDC.

#### **ADMINISTRATIVE RESPONSIBILITY:**

This initial plan has been developed through the Health Committee of the Cincinnati Homeless Coalition and Hamilton County TB Program with the proposed use by each approving agency. Management of this TB Exposure Control Plan within each agency will be the responsibility of two designated persons within the agency.

This plan needs to be:

- 1) Maintained as part of agency's policy and procedure manual.
- 2) Kept in a designated area of the agency for reference if a TB exposure would occur.
- 3) Reviewed annually and updated when necessary.

Hamilton County TB Control Program will continue to assist the Coalition, as a whole as well as individual agencies with the development and implementation of this plan as well as trainings on an on-going basis. HCTB will also act as a resource for information and referral as well as provide the staff education and training.

### TB RISK ASSESSMENT:

This part of the plan involves record keeping and determines how effective your TB control is. The components of the TB risk assessment include:

- A. Tuberculin testing of staff: baseline Mantoux skin testing for all employees with testing repeated annually or every six months as determined by HCTB risk assessment factors (rate of infection, rate of TB disease within the facility).

### TB ASSESSMENT OF RESIDENTS ON INTAKE:

This assessment is important in early detection of TB disease. If an individual with TB disease is detected, evaluated, and treated, the risk for TB transmission within the shelter is greatly reduced. Improve the assessment of a residents TB status on intake by including the following questions to agency's intake procedure:

- a. Have you lost a lot of weight without trying over the last couple of months?
- b. When you sleep, do you sweat a lot or have chills?
- c. Have you been coughing throughout the day for more than 3 weeks?
- d. Do you cough up blood?

If the resident answers yes to a, b, and c, he needs to be referred to HCTB for evaluation within 24 hours. Ideally, this resident should sleep in a private room separate from other residents until evaluated. If this is not possible, DO NOT PANIC, it usually takes a great deal of exposure to become infected with TB. Measures to be taken at the agency include:

Increasing ventilation – open window, circulate air w/fan, provide Kleenex and bag to dispose of them, instruct resident to cover nose and mouth with Kleenex when sneezing/coughing and dispose in paper bag.

IF RESIDENT ANSWERS YES TO QUESTIONS a, b, c, AND d, A REFERRAL FOR IMMEDIATE EVALUATION AT HOSPITAL EMERGENCY ROOM SHOULD BE MADE.

### REFERRAL OF PERSON WITH SYMPTOMS:

Protocols as developed between HCTB and (name of agency) include:

1. Establish one staff member and one backup person as point person for agency to communicate information about residents who are symptomatic to HCTB.
2. HCTB Program will designate one staff member and one back up person as contact people for each designated agency person. This HCTB nurse will review the possible exposure or symptoms and react accordingly either arranging follow-up at HCTB or recommending referral to a hospital for a more immediate evaluation.



3. To refer a resident to HCTB, the agency “contact person” should call and speak with the nurse designated as your agency’s contact and describe the symptoms of the individual and any additional medical information/history able to be provided.
4. Method of transportation needs to be available for the individual to keep their appointment – agency staff transport, bus tokens etc.
5. Use of definite referral communication/form is important to make all parties (shelter, TB Control, health van, etc.) aware that the individual completed his evaluation at HCTB or a hospital and to determine what follow-up care (medication return appointment, etc.) is needed and provided.
6. If the resident does not keep his appointment, HCTB staff will notify the agency as well as pursue the resident through its normal follow up procedure.
7. Pink skin test cards will be provided for persons after Mantoux TB skin tests are read as negative through the Homeless Health Van Network. Yellow cards indicating negative TB skin test reactions are provided from HCTB.
8. Residents requiring chest X-ray will be provided a card to indicate they have a negative chest X-ray.
9. Residents returning to the agency after referral need to contact the agency point person and notify them of the written results of the referral to HCTB or the hospital. This will enable medication follow up as well as adherence to follow up clinic appointments.

#### TREATMENT STRATEGIES FOR RESIDENTS REQUIRING MEDICATION:

HCTB and (name of agency) will work together to enable persons who are homeless to complete their treatment regimen.

PERSONS WITH ACTIVE TB DISEASE have varying degrees of contagiousness and are usually hospitalized in respiratory isolation until they are no longer contagious. After hospital discharge, treatment is continued on an outpatient basis. Residents of shelters are usually placed on direct observed therapy by HCTB to enable completion of the prescribed 3-4 drug medication therapy. A nurse from HCTB will deliver these medications directly to the resident daily or three times per week. This effort can make the difference between success and failure of therapy. HCTB depends on the staff of the agency to assist in resident location for therapy and has been appreciative of the cooperative staff of the shelters so far involved.

PERSONS WITH TB INFECTION: are not contagious and will only be prescribed one pill daily to treat their exposure to active disease which caused only the positive skin test reaction and NOT TB DISEASE. Their chest X-ray is negative for TB disease, and they do NOT pose a risk for any other resident of the shelter. Completion of the daily medication prevents the development of active disease in the future.

#### STAFF EDUCATION/TRAINING:

HCTB Program will provide appropriate TB training to all agency/shelter staff of (name of your agency) on an annual basis. The high rate of staff turnover at many shelter sites necessitates on going training. The following elements will be included in the education for staff:

1. Basic concepts of TB disease and transmission including an explanation of the difference between TB infection and active TB disease.
2. Signs and symptoms of TB.
3. Incidence of TB in Hamilton County, Ohio, and U.S.  
Prevalence of TB in high-risk populations  
Explanation of services provided through HCTB
4. Purpose of Mantoux skin testing  
Explanation of positive skin test  
Importance of participation in the skin test program

#### GOALS OF TB TRAINING FOR AGENCY/SHELTER STAFF ARE:

1. To increase knowledge about TB.
2. To challenge attitudes.
3. To enhance staff skills.
4. To institute policy changes within agency operation.

CINCINNATI AREA CHAPTER – AMERICAN RED CROSS  
FIRST AID KIT CONTENTS  
1-800-241-8296

**PILLOW FIRST AID KIT**

- \* TEN (10) ¾ “ BANDAGES
- \* SIX (6) 1” BANDAGES
- \* TWELVE (12) ANTISEPTIC TOWELETTES
- \* FOUR (4) 4” X 4” STERILE PADS
- \* NINE (9) 3” X 3” STERILE PADS
- \* TWO (2) EXTRA LARGE BANDAGES
- \* FOUR (2) FINGERTIP BANDAGES
- \* ONE (1) 3” ROLLER BANDAGE
- \* ONE (1) 2” ROLLER BANDAGE
- \* ONE (1) 5” x 9” STERILE DRESSING
- \* ONE (1) 8”x10” STERILE DRESSING
- \* ONE (1) RESCUE BLANKET
- \* ONE (1) TRIANGULAR BANDAGE
- \* ONE (1) BANDAGE SCISSORS
- \* TWO (2) PAIRS GLOVES
- \* ONE (1) ½” WATERPROOF TAPE
- \* ONE COLD PACK
- \* ONE (1) BIO-HAZARD BAG
- \* ONE (1) BURN GEL

**PERSONAL FIRST AID KIT/ FANNY PACK  
FIRST AID KIT**

- \* TEN (10) ¾” BANDAGES
- \* SIX (6) 1’ BANDAGES
- \* TWELVE (12) ANTISEPTIC WIPES
- \* FOUR (4) 4” x 4” STERILE PADS
- \* NINE (9) 3” x 3” STERILE PADS
- \* TWO (2) EXTRA LARGE BANDAGES
- \* FOUR (4) FINGERTIP BANDAGES
- \* ONE (1) 2” ROLLER BANDAGE
- \* ONE (1) TRIANGULAR BANDAGE
- \* ONE (1) BANDAGE SCISSORS
- \* ONE (1) PAIR GLOVES
- \* ONE (1) ½” WATERPROOF TAPE
- \* ONE (1) INSTRUCTION CARD
- \* ONE BURN GEL

**SPORT SAFETY FIRST AID KIT**

- \* THREE (3) EYE PADS
- \* SIX (6) BUTTERFLY BANDAGES
- \* TEN (10) ¾" BANDAGES
- \* SIX (6) 1" BANDAGES
- \* TWO (2) EXTRA LARGE BANDAGES
- \* FOUR (4) FINGERTIP BANDAGES
- \* FOUR (4) 4"x4" STERILE PADS
- \* NINE (9) 3"x 3" STERILE PADS
- \* ONE (1) 2" ROLLER BANDAGE
- \* ONE (1) 3" ROLLER BANDAGE
- \* ONE (1) 2" ELASTIC BANDAGE
- \* ONE (1) 4" ELASTIC BANDAGE
- \* TWELVE (12) ANTISEPTIC TOWELETTES
- \* THREE (3) WOODEN TONGUE  
DEPRESSORS
- \* ONE (1) 1" WATERPROOF TAPE
- \* ONE (1) SMALL COLD PACK
- \* ONE (1) LARGE COLD PACK
- \* ONE (1) TWEEZERS
- \* ONE (1) BANDAGE SCISSORS
- \* ONE (1) 4 OZ. HYDROGEN PEROXIDE
- \* FIVE (5) SAFETY PINS
- \* ONE (1) RESCUE BLANKET
- \* TWO (2) TRIANGULAR BANDAGES
- \* TWO (2) PAIRS OF GLOVES
- \* ONE (1) BIO-HAZARD BAG

**CHILD CARE FIRST AID KIT**

- \* ONE (1) ½" WATERPROOF TAPE
- \* ONE (1) 2" ROLLER BANDAGE
- \* FOUR (4) 4"x 4" STERILE PADS
- \* FOUR (4) 3"x 3" STERILE PADS
- \* TWO (2) 2" X 2" STERILE PADS
- \* TEN (10) 1" BANDAGES
- \* FIVE (5) ¾" BANDAGES
- \* FIVE (5) BUTTERFLY BANDAGES
- \* THREE (3) FINGERTIP BANDAGES
- \* TWO (2) EXTRA LARGE BANDAGES
- \* SIX (6) ANTESEPTIC TOWELETTES
- \* ONE (1) TWEEZERS
- \* ONE (1) BANDAGE SCISSORS
- \* TWELVE (12) SAFETY PINS
- \* ONE (1) FLASHLIGHT WITH BATTERIES
- \* ONE (1) SYRUP OF IPECAC
- \* FIVE (5) TEMPA DOTS THERMOMETER
- \* TWO (2) TRIANGULAR BANDAGES
- \* TWO (2) PAIRS OF GLOVES
- \* ONE (1) BIO-HAZARD BAG

(OPTIONAL FACE SHIELD AVAILABLE  
\$2.00 EACH)

**AMERICAN RED CROSS FIRST AID KIT**

- \* ADHESIVE BANDAGES 1"
- \* ADHESIVE TAPE ½"
- \* COTTON SWABS (10)
- \* 4" x 4" GAUZE PADS (5)
- \* 2" x 2" GAUZE PADS (5)
- \* LATEX GLOVES
- \* LARGE SAFETY PINS (4)
- \* ROLLER BANDAGES 1" AND 2"
- \* SCISSORS
- \* SMALL BAR OF SOAP
- \* SMALL HAND TOWEL
- \* TRIANGULAR BANDAGE
- \* TWEEZERS



